

<b>REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/590,701
	Filing Date	August 25, 2006
	First Named Inventor	Ray BLOTTEAUX
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	1912-0353PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 02292

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

02292

OR

☐ Firm or  
Individual Name

Address

City

Country

State

Zip

Telephone

Email

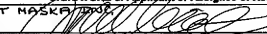
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

SPORT MASKS, INC.  
PER: 

Name

Michel BENOIT, VICE-PRESIDENT + General Mgr. CCM Hockey

Date

8/22/07

Telephone

514-461-8367

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.